

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		VA0081213		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER		COX WOOD OF VIRGINIA, LLC		ed label has been provided, affix it in the	
III. FACILITY NAME		P.O. BOX 208		pace. Review the information carefully; if any of it	
V. FACILITY MAILING ADDRESS		BLACKSTONE, VA 23824		ross through it and enter the correct data in the	
VI. FACILITY LOCATION		NOTTOWAY COUNTY		4-in area below. Also, if any of the preprinted data	
II. POLLUTANT CHARACTERISTICS				e area to the left of the label space lists the	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.				at should appear), please provide it in the proper	
SPECIFIC QUESTIONS		Mark "X"		below. If the label is complete and correct, you	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	plete Items I, III, V, and VI (except VI-B which
			X		leted regardless). Complete all items if no label
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X	vided. Refer to the instructions for detailed item
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		ed.
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
III. NAME OF FACILITY		COX WOOD OF VIRGINIA, LLC			
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title)			
		JERRY (JAY) W PUGH, JR			
		B. PHONE (area code & no.)			
		(434) 292-4375			
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX			
		P O BOX 208			
		B. CITY OR TOWN			
		BLACKSTONE			
		C. STATE			
		VA			
		D. ZIP CODE			
		23824			
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
		2960 COX ROAD			
		B. COUNTY NAME			
		NOTTOWAY			
		C. CITY OR TOWN			
		BLACKSTONE			
		D. STATE			
		VA			
		E. ZIP CODE			
		23824			
		F. COUNTY CODE (if known)			

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	2	4	9	1	(specify)	WOOD PRESERVATION					C	7	2	4	2	1	(specify)	PLANING MILL				
15	16	17	18	19			15	16	17	18	19		15	16	17	18	19						
C. THIRD										D. FOURTH													
C	7					(specify)						C	7					(specify)					
15	16	17	18	19			15	16	17	18	19		15	16	17	18	19						

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?										
C	8	Cox Industries, Inc.									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: If "Other," specify.)										D. PHONE (area code & no.)										
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) (specify)										
										A (803) 664-4014										

E. STREET OR P.O. BOX									
P. O. Box 1124									

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Orangeburg										SC		29116		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																
C	9	N	V	A	0	0	8	1	2	1	3	C	9	P												
15	16	17	18									15	16	17	18											
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																
C	9	U										C	9		3	0	1	6	1							
15	16	17	18									15	16	17	18											
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																
C	9	R	V	A	D	0	6	6	0	3	1	5	1	9	C	9										
15	16	17	18												15	16	17	18								

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

WOOD PRESERVATION FOR RESIDENTIAL LUMBER USING COPPER BASED PRESERVATIVE. SOME MANUFACTURING OF GUARD RAIL POSTS AND OTHER LUMBER, UNTREATED. SOME LUMBER DRYING UTILIZING A KILN.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE	C. DATE SIGNED
JANE HOUSE, CHMM CORPORATE EHS		<i>Jane House, CHMM</i>	12/08/2008

COMMENTS FOR OFFICIAL USE ONLY

C	
15	16